

NOTICE AND CONSENT FOR INITIAL EVALUATION

School District: _____ **Date of Notice:** _____

Parent's Name: _____ **Child's Name:** _____

_____ Public Schools proposes to conduct a multidisciplinary evaluation of your child. The district proposes to evaluate your child because:

1. Explanation of why the district proposes to evaluate your child:

2. Any options the district considered:

3. Reasons why the above options were rejected:

4. This proposal is based on the evaluation procedures, tests, records or reports described below:

5. Any other factors which are relevant to this proposal:

6. The estimated amount of time for completing the multidisciplinary evaluation and making the verification decision is:

Following is a description of the components of the multidisciplinary evaluation which the district proposes to conduct:

_____ ***Academic***
Multidisciplinary Evaluation Description: _____

_____ ***Intellectual***
Multidisciplinary Evaluation Description: _____

_____ ***Perceptual and Motor***
Multidisciplinary Evaluation Description: _____

_____ ***Social and Emotional***
Multidisciplinary Evaluation Description: _____

_____ ***Speech and Language***
Multidisciplinary Evaluation Description: _____

_____ ***Other***
Multidisciplinary Evaluation Description: _____

Parents of children with disabilities have rights which are protected under the procedural safeguards of the Individuals with Disabilities Act (IDEA). A copy of your parental rights is enclosed. If you have any questions regarding this notice or your rights you may contact:

_____ at _____.
(name) (phone number)

ADDITIONAL RESOURCES

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. The following items are enclosed: (1) A copy of your parental rights; (2) A copy of Rule 55; and (3) A copy of the procedures for filing a complaint under Rule 51-009.08. An explanation of your rights will be provided at no cost by any of the following organizations:

Nebraska Department of Education Regional Offices:

Lincoln Office:	402-471-2471
Omaha Office:	402-595-2177
Scottsbluff Office:	308-632-1349
Hotline for Disability Services:	800-742-7594
Nebraska Parent Training Center:	800-284-8520 or 402-346-0525
Nebraska Advocacy Services:	800-422-6091 or 402-474-3183

GIVE CONSENT FOR INITIAL EVALUATION

I have received a copy of the Notice of this proposed evaluation, understand the content of the Notice and **give consent** for the multidisciplinary evaluation specified in this Notice. I understand this consent is voluntary and may be revoked at any time.

Signature of Parents

Date

DO NOT GIVE CONSENT FOR INITIAL EVALUATION

I have received a copy of the Notice of this proposed evaluation, understand the content of the Notice and **do not give consent** for the multidisciplinary evaluation specified in this Notice. The reason for not giving consent to the evaluation is:

Signature of Parents

Date